

**TESTAMENTARY TRUSTEE DESIGNATION
FOR FEDERAL EMPLOYEES' GROUP LIFE INSURANCE**

(Trust That An Employee Creates at Death by His//Her Will)

This form is to be attached to and made part of designation of beneficiary dated _____.

Name of Insured:

SSN:

I request that the amount payable under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM (Proceeds) to be paid to the Trustee(s) or Successor Trustee(s) as provided under my Last Will and Testament, and I further request that in the case of the failure of said Trustee to be appointed as such or to qualify as such by reason of non-probate of any Will to that effect or for any other reason whatsoever, the Proceeds shall be paid to:

Name	Address	Relationship	Share

The Office of Federal Employees' Group Life Insurance (OFEGLI) shall not be responsible for the application or disposition of the proceeds by said Trustee and the receipt by said Trustee shall fully discharge OFEGLI's liability under the FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM.

Signature of Insured/Assignee
(Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date of execution (Month, day, year)

**TWO WITNESSES TO SIGNATURE
(A WITNESS IS NOT ELIGIBLE FOR RECEIVE PAYMENT AS A BENEFICIARY)**

Signature of witness	Number and street address	City, state and ZIP code
Signature of witness	Number and street address	City, state and ZIP code

RECEIPT BY EMPLOYING OFFICE

Date of Receipt:

Receiving Agency:

Received By: